



Bulletin

of the Mahoning Valley Medical Society
Fourth Quarter 2015

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Bulletin

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Correspondence and changes of address should be mailed to the above address.

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Calendar

March 3, 2016

*Alliance Annual Fashion Show
Maronite Center*

March 17, 2016

Carrie Underwood, Covelli Centre

March 18, 2016

*Doctors' Day Celebration,
Mahoning Valley Racecourse*

March 22, 2016

Elton John, Covelli Centre

April 1-3, 2016

OSMA Annual Meeting, Columbus

May 3, 2016

*MVMS Annual Meeting,
The Lake Club*

June 16, 2016

*OSHA Workshop,
Hampton Inn & Suites, Canfield*

June 30, 2016

*Canfield Fair Exhibitors' Breakfast,
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AGING GRACEFULLY

One thing we as a society do poorly is age gracefully. No one ever takes us aside when we are young and teaches us how to change our behaviors as we grow older. We tend to fight aging each step of the way. We want to be young forever; we over value youth and under value age and wisdom. Physical ability is more important than mental ability and companionship. Maintaining the status quo is more important than embracing new adventures and endeavors that present themselves with advancing age.

Daily I deal with patients that refuse to “act their age.” They do not want to give up “living life.” Life to them is what they are able to do, not who they are, not who they love, not what they have to offer. People get stuck on ability instead of the gift of life itself. They equate quality with being able to do what they did when they were younger, not learning to do things differently as they get older. They can’t fathom having any quality of life if they can’t continue to chop wood, run marathons, ski, play tennis, ride a motorcycle, drive a car, power lift, etc.

I believe the answer is in persistent education. We must lead in this role, through routine interaction, but also by example. We are the humans that are most in tune to functional limitations related to advancing age. We are invested in functionality and moderation in order to protect our bodies and organ systems. We actively see aging and death and have different worldly views of them than the average lay person. We understand the process of aging gracefully. The problem is many of us fight it just as much cause we haven’t had the training either!

I believe every person eventually faces a moment in life when s/he has the realization that s/he can no longer continue to do something s/he really wants to. This is the moment that begins the process of aging either gracefully or painfully. It may take some time to digest and learn that change is necessary, but some people learn to accept the change and others fight it to the literal death. My moment was early in life. At seventeen I faced my first back surgery due to a herniated disc from weight lifting for football. I fought the battle all the way through college, and after my third back surgery my senior year at Xavier, I finally learned my lesson that I had to change or continue to suffer more pain and anguish related to my back. I changed my ways and said a final goodbye to the life I used to know. I now feel I am ready to age gracefully and not fight the necessary changes the rest of the way. I still smile a little when I meet a ninety year old that has yet to face that battle and it happens when I recommend they use a walker. They have been so healthy that this is that first moment s/he has had to face the realization of a major loss of independence due to aging. It is a painful process, but one that is necessary and deeply spiritual and allows us to age more gracefully moving forward.

Our society needs to take some large steps in the advancement of the understanding of our role as we advance in age. Our social system needs to begin to provide everyday help to the aging community in an affordable way. Don’t we need job production anyway? We need to establish functional and age appropriate recreation nationwide to improve physical and psychological well-being. We need someone really wise to write the book on this subject and get it to our patients! Actually, a few books have been written on the subject and they are interesting reads. I recommend anyone to google or amazon search for books on aging gracefully and consider reading the one that sounds the most interesting to you and then pass it on! Let’s help in the advancement of our civilization to learn ways to recreate ourselves as participants in the journey of aging in a graceful way!

A handwritten signature in black ink, appearing to read "S. McGrath MD". The signature is stylized and fluid.



YOUR INFLUENCE

I was cleaning out boxes and came across a wall hanging with this poem on it. Remembering that it spoke to me then (and that it still does), I thought I would share.

CHILDREN LEARN WHAT THEY LIVE

If a child lives with criticism, he learns to condemn. If a child lives with hostility, he learns to fight. If a child lives with fear, he learns to be apprehensive. If a child lives with pity, he learns to feel sorry for himself. If a child lives with ridicule, he learns to be shy. If a child lives with jealousy, he learns what envy is. If a child lives with shame, he learns to feel guilty.

If a child lives with encouragement, he learns to be confident. If a child lives with tolerance, he learns to be patient. If a child lives with praise, he learns to be appreciative. If a child lives with acceptance, he learns to love. If a child lives with approval, he learns to like himself. If a child lives with recognition, he learns that it is good to have a goal. If a child lives with sharing, he learns about generosity. If a child lives with honesty and fairness, he learns what truth and justice are. If a child lives with security, he learns to have faith in himself and in those about him. If a child lives with friendliness, he learns that the world is a nice place in which to live.

If you live with serenity, your child will live with peace of mind.

With what is your child living?

- Dorothy Law Nolte

So, you are "read" more than you know by *everyone* who you know (or who knows you or, gasp, who even knows of you). From family, spouse, children, nephews, nieces, and grandchildren, it extends outward to colleagues, friends, co-workers, staff, students, and patients. What face or person do they see? Are you the same person *all of the time*? (When no one sees: The Importance of Character in an Age of Image; Os Guinness, Trinity Forum, 2000).

So how are you living in order to help *them* live? How much are you aware of how your behavior and actions affect others? What affects your behavior? There are now so many places/sites to find quotes, quips, words of wisdom and/or encouragement that can help all of us in our daily walk of life.

"Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about these things." (Phil. 4:8). Remember who is watching!

Lyn E. Yakubov MD



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DON'T BE MISLED ABOUT PHARMACEUTICAL WASTE!

It has come to our attention that some physician offices are being given inaccurate information about non-hazardous pharmaceutical waste. Thanks to Jim Parks from AccuMedical Waste Service, Inc., we have clarification from the Ohio EPA regarding this issue.

- 1-There has been NO CHANGE in the EP regulations regarding the disposal of pharmaceuticals. Any non-hazardous, non-controlled pharmaceutical waste generated by the physician office may be managed as solid waste as it has been in the past.
- 2-The Ohio EPA does NOT recommend that you mix non-hazardous, non-controlled pharmaceuticals with your hazardous pharmaceuticals. If you mix your non-hazardous pharmaceuticals with your hazardous ones, you would have to manage them all as hazardous waste. This would cost you considerably more than if you continued to separate the hazardous from the non-hazardous waste.
- 3-The generator (physician office) is responsible for determining if the waste is hazardous, non-hazardous or controlled. If you have questions, contact the DEA or the Ohio Pharmacy Board.
- 4-There are approved disposal sites for hazardous or controlled pharmaceuticals including local police stations or locked boxes at some retail pharmacies. You may also want to check with the hospitals to see if they accept these pharmaceuticals for disposal.

Visit the Ohio EPA Pharmaceutical Waste web page for guidance documents and resources (epa.ohio.gov).

Accu Medical

Contact Jim Parks at AccuMedical Waste Service, Inc. for more information on this issue or other medical waste questions. AccuMedical is a preferred vendor for the Mahoning Valley Medical Society and offers discounted rates for Society members.
866-696-8379

Bits 'n' Pieces

MEMBERSHIP DUES BILLING

2016 Membership Dues were due by January 4, 2016. If you have not yet paid your dues, please do so immediately. If you did not get an invoice, or cannot locate your invoice, please call the office and one will be sent to you.

MEMBERSHIP CHANGES

Dr. Vikram Raval has retired effective December 31, 2015.

COVELLI CENTRE TICKETS

Just a reminder that the society has Club Seats at the Covelli Centre which allows us to purchase up to 12 tickets for any event. Tickets are sold on a first-come, first-served basis, so if there is something you would like to see, please call the society office as soon as you hear the announcement. A limited number of parking and VIP passes are also available for those who buy tickets.

FOUNDATION LOANS AVAILABLE

The Mahoning County Medical Society Foundation continues to grant low-interest loans to medical students from the Mahoning Valley. Loans range from \$2,000 to \$5,000 per year and are given at 1% below the Prime Rate at the time the loan is granted. Applicants must have completed at least one year of medical school and may reapply from year to year. If the loan recipient returns to practice in Mahoning or Trumbull County and becomes a member of the Mahoning Valley Medical Society, interest on the loan is forgiven. Applications for 2016 are available from the society office.

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Residency: University of Michigan Hospitals, Ann Arbor, MI

Richard P. Pearlstein, MD
Otolaryngologist

Fifth Avenue Otolaryngologists, Inc.
7227 Glenwood Avenue
Youngstown, OH 44512

Medical Education: University of Cincinnati College of
Medicine, Cincinnati, OH
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Medicine continues to evolve, and with it, traditional products physicians have purchased for decades to protect themselves, their careers and their families are along for the ride. Many products are being placed and “replaced” by hospital or other employers now and it is to the physicians advantage to be familiar with some of the differences to be able to make good decisions going forward. Products placed by employers are good, substantive products in most cases but knowing these differences may be beneficial.

Among them:

Professional liability: Coverage that protects your career and often your reputation has been provided on a one to one basis – you and your carrier. You pay the premium and the carrier's primary focus is to protect you and your entity if one exists. Legal representation focuses on you irrespective of any other interest. With standard carriers – names you know – defense costs are outside the policy limit regardless of amounts spent. The carrier's reputation is also involved as anyone not performing in the physician's interest won't be expected to do much business. The National Practitioner Data Bank is well known to many physicians who've been in practice for a while, but not so much to newer physicians to practice. With claims activity again trending upwards, knowledge of your professional carrier is important.

Most coverage is offered on a claims made basis...Occurrence is still available and historically often recommended if available and affordable. Claims made coverage begins on the retroactive date within the policy and continues until the policy is terminated. Unless a claim has been asserted during the active policy period no further coverage exists. If going with an entity who will include professional coverage for you, it is advised that you review: Limits – does the policy provide the same limit you have now? Defense – will the policy provide defense strictly on your behalf or is there a joint defense agreement internally in the policy which provides defense for both you and your employer? Your entity contract may be for a specific period at a time. What happens if you elect to leave or the entity elects to have you leave? Is the tail paid for by them? You? Regardless of who pays, the coverage will be with the carrier who books the risk. Will they be around to pay future claims? Their AMBest rating? If your employed by an entity, say, a staffing agency, it will eventually be the responsibility of someone to acquire a tail for you if ever needed. Will that person do the right thing and acquire the tail?

If going to a self-insured program – many are insured by offshore captives domiciled in the Caymans or the Bahamas and are not regulated by the US or any Department of Insurance – some more currently are domiciled in the US – it would behoove you to know. Common concerns are that the captive itself is administered with appropriate reserves and reinsurance contracts...what happens if the captive closes? There is always an “entrance” strategy – getting insureds into the program, but importantly, what is the “exit” strategy. If the captive closes or you choose to exit from it, what does the policy language provide?

Group Life and Disability Coverage: Compared to Individual policies, these are placed by an employer and usually automatically provided to qualifying full time or near full time employees in some cases. Benefits are wonderful and usually free (nothing is ever free) to the employee who more than not, will think in terms of having group coverage satisfy all personal and family life and disability needs. The programs are generally paid for by the employer and opt in additional coverage may be available. As the employer pays the premium, the insured can designate beneficiaries in the case of life insurance. In disability, because the employer pays the premium, the benefit is taxable and should be considered when doing estate planning. The life insurance disadvantage is that the coverage is term insurance and will reduce or terminate in later years. This may be at the time when tax laws are unfavorable and assets must be used to satisfy estate taxes. To get the benefit (for the beneficiaries) the employee has to expire while under the contract (employed) and no cash value buildup occurs (reference here is to true group coverage vs any other type of key man or executive type coverage).

Life insurance has become much more than a “death” type policy. Tax deferred advantages to cash buildup and dividend accumulations in many types of policies now play a critical role in wealth accumulation and estate planning. Individually placed life policies are often used for estate liquidity purposes, to fund future retirement programs and for a wider and wider variety of future needs or wants situations....While cash and dividends accumulate, a life policy provides something that no other investment can and that is that the death benefit can provide immediate satisfaction of all the goals if the insured dies prematurely.

Disability addresses the replacement of as much of an insured's income as possible if a full or partial disability occurs. The group policy has a limit and if the insureds monthly qualifying income exceeds this amount, the physician can look to supplementing the group policy with an individual one. When purchased out of pocket, the benefit is TAX FREE. Many individually offered policies now have a host of additional options that can be tailored to an individual's needs.

For more information on these and other insurance related issues facing physicians today, please contact:

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Huntington Insurance, Inc.
23 Federal Plaza W. Suite 700
Youngstown, Ohio 44503
Cell 330 301 0476
ed.hassay@huntington.com

Mahoning Valley Medical Society
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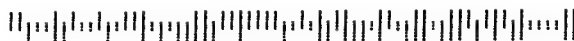
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